

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

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| Case Number: | COURT USE ONLY |
| Case Name: | |

Confidential - Attachment to Order for Evaluation

CHILDREN SUBJECT TO THE EVALUATION

| Name | Date of Birth | Age | Gender |
|------|---------------|-----|--------|
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| <u>MOTHER'S INFORMATION</u> | | <u>FATHER'S INFORMATION</u> |
|-----------------------------|--|-----------------------------|
| Name: | | Name: |
| Address: | | Address: |
| City/Zip: | | City/Zip: |
| Home phone: | | Home phone: |
| Other phone: | | Other phone: |
| Date of birth: | | Date of birth: |
| Social Security Number: | | Social Security Number: |
| Driver's License # | | Driver's License # |

| <i>Mother's Attorney (if any)</i> | | <i>Father's Attorney (if any)</i> |
|-----------------------------------|--|-----------------------------------|
| Name: | | Name: |
| Address: | | Address: |
| City/Zip: | | City/Zip: |
| Phone: | | Phone: |
| Fax # | | Fax # |

Does either party need an interpreter? ☐ Mother ☐ Father **If Yes - Primary Language?**